

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN3266AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2008
NAME OF PROVIDER OR SUPPLIER KRYSTON'S HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 881 W GOLDEN VALLEY ROAD RENO, NV 89506		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation conducted in your facility on 10/27/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>Complaint #NV00019459 was substantiated with deficiencies. See Tags Y662, Y944, YA566 and YA930.</p>	Y 000		
Y 070 SS=F	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p> <p>This Regulation is not met as evidenced by: Based on record review on 10/27/08, the facility</p>	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 did not ensure 1 of 3 caregivers received at least eight hours of annual training related to providing for the needs of the residents. Findings include: The file for Employee #3 did not contain evidence of at least eight hours of annual caregiver training. This was a repeat deficiency from the 10/5/07 State Licensure survey. Severity: 2 Scope: 3	Y 070			
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation, record review and interview on 10/27/08, menus were not dated or kept on file for 90 days and substitutions were not noted on the written menus. Findings include: During the facility tour it was observed that the posted menu was not dated and that substitutions had not been noted on the menu. The posted menu indicated that breakfast would include waffles, but toast was given instead. Employee #2 stated he wrote daily meals on a white board and that the facility did not keep menus on file.	Y 272			

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Y 272	Continued From page 2 Severity: 1 Scope: 3	Y 272		
Y 533 SS=C	449.260(1)(g)(2) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (2) Kept on file at the facility for not less than 6 months after it expires. This Regulation is not met as evidenced by: Based on record review and interview on 10/27/08, the administrator did not post a dated calendar of activities or keep the monthly calendars on file for six months. Findings include: A tour of the facility revealed there was a calendar of activities posted in the dining room area but it was dated. There were no previous activity calendars on file. The administrator stated she did not know activity calendars were to be dated each month and kept on file for six months. Severity: 1 Scope: 3	Y 533		
Y 662 SS=A	449.2706(2) Transfer of Resident	Y 662		

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Y 662	<p>Continued From page 3</p> <p>NAC 449.2706(2) A resident, his next of kin and the responsible agency, if any, must be consulted and adequate arrangements must be made to meet the resident's needs through other means before he permanently leaves the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 10/27/08, the facility failed to notify, consult with or make arrangements with the responsible agency before discharging 1 of 4 residents from the facility.</p> <p>The findings included:</p> <p>On 10/8/08, a complaint was received indicating Resident #1 was discharged from the facility to another facility without prior notice or discussion with the social worker as required.</p> <p>Resident #1 - In interview Employee #2 reported that he moved the resident to another facility "about three weeks ago for a better environment." All documentation of the resident's living in the current facility was missing. Employee #3 stated that he moved all records to the other facility when the resident was moved. He also admitted that he did not contact the resident's social worker or family prior to making the decision and moving the resident.</p> <p>Severity: 1 Scope: 1</p>	Y 662			

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Y 698	Continued From page 4	Y 698			
Y 698 SS=F	449.2712(2)(b)(5) Oxygen-Tanks secured to wall or racks NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) Ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall. This Regulation is not met as evidenced by: Based on observation and interview on 10/27/08, the facility did not ensure all oxygen tanks were secured in a stand or to a wall. Findings include: A tour of the facility revealed five large oxygen tanks and seven small portable oxygen tanks stored in the garage which were not secured in a stand or to a wall. Employee #2 stated that some of the tanks were full and some were empty. Severity: 2 Scope: 3	Y 698			
Y 876 SS=E	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A	Y 876			

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Y 876	Continued From page 5 caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review and interview on 10/27/008, the facility failed to assist 1 of 4 residents with their medications. Findings include: Resident #4 - The date of admission was 9/24/05. Review of the resident's October 2008 medication administration record (MAR) revealed the resident was administering her own Claritin 10mg daily, Tylenol 500mg at bedtime, and Albuterol Inhaler three times a day. The physician's order did not indicate the resident should be self-administering the medication. The Ultimate User agreement signed on 9/24/05 indicated the facility should manage all of the resident's medications. Severity: 2 Scope: 2	Y 876			
Y 920 SS=F	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a	Y 920			

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Y 920	<p>Continued From page 6</p> <p>resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This Regulation is not met as evidenced by: Based on observation on 10/27/08, the facility did not ensure that medications belonging to 1 of 4 residents were secured. The facility did not ensure that external medications were not stored with other medications for 1 of 4 residents.</p> <p>Findings include:</p> <p>A bottle of Cosopt Plus eye drops belonging to Resident #4 was observed in a refrigerator that was not locked.</p> <p>The October 2008 MAR revealed Resident #4 was self-administering the following medications: Claritin 10mg every day, Tylenol 500mg at bedtime and Albuterol Inhaler three times a day. The three medications were found in the resident's room in an unlocked metal file box.</p> <p>Resident #3's medication were observed. A tube of A&D Zinc Oxide was stored in a plastic bag along with internal medications and eye drops.</p> <p>Severity: 2 Scope: 3</p>	Y 920			

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Y 944 SS=A	<p>449.2749(2) Resident File / Discharge</p> <p>NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 10/27/08, the facility did not provide proper documentation regarding a resident who had been discharged.</p> <p>Findings include:</p> <p>Resident #1 - Date of admission was 8/30/08. In interview Employee #3 reported that he moved the resident to another facility "about three weeks ago for a better environment." There was no written record concerning the resident's transfer to the other facility.</p> <p>Severity: 1 Scope: 1</p>		Y 944		
YA101 SS=D	<p>449.200(1)(a-f)Personnel Files</p> <p>NAC 449.200</p>		YA101		

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YA101	<p>Continued From page 8</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <ul style="list-style-type: none"> (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to chapter 441 of NAC for the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility; and (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. <p>This Regulation is not met as evidenced by: Based on record review and interview on 10/27/08, the facility did not ensure 1 of 3 caregiver files were complete.</p> <p>Findings include:</p> <p>Employee #1 - Date of hire 11/7/07 - There was no evidence of a pre-employment physical examination. The file also did not contain evidence of a criminal history statement, fingerprint card or a background check report.</p> <p>Severity: 2 Scope: 1</p>	YA101		
YA566 SS=D	449.267(2)(a-c) Money & Property of Residents	YA566		

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YA566	<p>Continued From page 9</p> <p>NAC 449.267</p> <p>2. An accurate record must be kept of all money deposited with the facility for use by the resident, including withdrawals. The record must include:</p> <p>(a) A separate accounting of the money held by the facility on behalf of the resident;</p> <p>(b) Receipts for expenditures made by the facility on behalf of the resident; and</p> <p>(c) A written acknowledgement by the resident for each withdrawal of his money.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 10/27/08, the facility did not ensure that for 1 of 5 residents an accurate record was kept of all money deposited with the facility for the resident to use, that there were receipts for all expenditures made by the facility on behalf of the resident and that there were written acknowledgement by the resident for each withdrawal of her money.</p> <p>Findings include:</p> <p>Resident #1 - Review of a complaint received on 10/8/08 revealed allegations that the facility did not maintain an accounting of monies spent from Resident #1's personal allowance for expenditures on her behalf.</p> <p>The owner was asked to produce the financial records and receipts for accounting of Resident #1's personal allowance funds. The owner stated that she had no documentation of expenses for this resident.</p>	YA566			

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YA566	Continued From page 10 Severity: 2 Scope: 1	YA566		
YA895 SS=F	<p>449.2744(1)(b) Medication/MAR</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(1) The type of medication administered;</p> <p>(2) The date and time that the medication was administered;</p> <p>(3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review on 10/27/08, the facility did not ensure the medication administration record (MAR) was accurate for 2 of 4 residents.</p> <p>Findings include:</p> <p>Resident #3 - The date of admission was 11/30/05. The October 2008 MAR reflected the resident was receiving Oxybutynin 10mg once every day. The prescription reflected the resident was receiving Oxybutynin ER 10mg once every day. The physician's order dated 4/24/08 showed the resident was to receive the extended-release</p>	YA895		

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YA895	Continued From page 11 form of the medication. Resident #5 - The date of admission was 4/20/03. The October 2008 MAR reflected the resident was receiving Verapamil 240mg once every day. The prescription reflected the resident was receiving Verapamil ER 240mg once every day. On 10/27/08, the pharmacist confirmed the resident was to receive the extended-release form of the medication. This is a repeat citation from the 5/15/08 Complaint Investigation. Severity: 2 Scope: 3	YA895			
YA908 SS=A	449.2746(2)(a-f)PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.	YA908			

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YA908	Continued From page 12 This Regulation is not met as evidenced by: Based on review of the medication administration record (MAR) on 10/27/08, the facility did not ensure that documentation for as needed (PRN) medications was complete for 1 of 5 residents. Finding include: Resident #3 - The October 2008 MAR was reviewed for the resident. The October 2008 MAR indicated the resident was receiving Artificial Tears every day PRN. The MAR did not contain documentation regarding the reason for the administration or the results of the administration. Severity: 1 Scope: 1	YA908		
YA930 SS=A	449.2749(1)(a-j) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician	YA930		

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YA930	<p>Continued From page 13</p> <p>concerning the mental and physical condition of the resident that includes:</p> <p>(1) A description of any medical conditions which require the performance of medical services;</p> <p>(2) The method in which those services must be performed; and</p> <p>(3) A statement of whether the resident is capable of performing the required medical services.</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>(f) The types and amounts of protective supervision and personal services needed by the resident.</p> <p>(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:</p> <p>(1) Upon the admission of the resident;</p> <p>(2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and</p> <p>(3) In any event, not less than once each year.</p> <p>(h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident.</p> <p>(i) The name and telephone number of the vendors and medical professionals that provide services for the resident.</p> <p>(j) A document signed by the administrator of the facility when the resident permanently leaves the facility.</p> <p> This Regulation is not met as evidenced by: Based on record review and interview on</p>	YA930			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN3266AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/27/2008
NAME OF PROVIDER OR SUPPLIER KRYSTON'S HOME CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 881 W GOLDEN VALLEY ROAD RENO, NV 89506		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
YA930	<p>Continued From page 14</p> <p>10/27/08, the facility did not retain the record of a resident who had been discharged within the last five years.</p> <p>Findings include:</p> <p>Resident #1 - Date of admission was 8/30/08. All documentation of the resident's care was missing from the facility. Employee #3 reported that he moved the resident to another facility. The employee stated that he moved all records to the other facility when the resident was moved.</p> <p>Severity: 1 Scope: 1</p>	YA930			

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